

AFTAC ALUMNI ASSOCIATION OF CO
c/o Bryce Dunn



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**FOR COLORADO DUES SUBMISSION
OR ADDRESS CHANGE**

Name: _____

Spouse Name: _____

Address: _____

City: _____

State, ZIP: _____

Telephone No: _____

Email _____

Unless advised to the contrary, personal information listed above is
releasable to other AFTAC members.

**DUES ARE \$5.00 PER 12-MONTH PERIOD PAYABLE DURING
EXPIRATION MONTH. (SEE ADDRESS LABEL FOR INDIVIDUAL
EXPIRATION MONTH).**

MAKE CHECKS PAYABLE TO BILL SCHMIED.

**MAIL TO: BILL SCHMIED, 2078 Kenton St., Aurora, CO 80010.
Membership questions may be directed to Bill Schmied at (303)
367-0625**

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